



VACATION HOUSE WATCH IS LIMITED TO 30 DAYS WITHIN A SIX MONTH PERIOD. NOTE: MUST BE PRIMARY RESIDENCE!

Date:	Time:	Rece	ived by:			
First date to watch:		Last	date to v	watch:_		
Owner or Renter's Name):					
Home Phone:		Cell Phone:_				
Address:			_ Grid:			
Is the home numbered?		Yes		_No		
If yes, where is the	ne number located?					
If no, give house	description and direc	ctions				
Will any lights be left on	.?	Yes		_No		
On timer?		Yes		_No		
Will any vehicles be left	outside at residence	?	_Yes		No	
If yes, vehicle de	scription					
Will anyone in town hav	e a key?	Yes		_No		
If yes, Name:						
Address:_						
Phone Nu	ımber:					
If no, please prov	vide a contact name a	nd telephone	numbei			
Will any animals be left	at the residence?	Yes		_No		
If yes, specify:						
Is there an alarm?		Yes	-	_No		
Alarm company i	name/phone number:					
Is the home gated?	,	Yes		_No		
If yes, what is the	e code for your entry	gate?				
Is this home used as your	r primary residence?	Yes	_ No_			
If No explain reas	son for request					
Please call the police de	epartment when you	ı return.				
Comments/Anyone expe	cted on-site during a	bsence				

PROPERTY CHECK LOG

DATE	TIME	BY	COMMENTS
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